

DECLARATION AND POWER OF ATTORNEY FOR U. S. PATENT APPLICATION

(X) Original () Supplemental () Substitute () PCT () Design

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR HEADER DECOMPRESSION

Title: _____

of which is described and claimed in:

☒ the attached specification, or() the specification in the application Serial No. _____ filed _____;
and with amendments through _____ (if applicable), or() the specification in International Application No. PCT/ _____, filed _____, and as amended
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code, §119 (and §172 if this application is for a Design) of any application(s) for patent or inventor's certificate listed below and have also identified below any application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:


| COUNTRY | APPLICATION NO. | DATE OF FILING | PRIORITY CLAIMED |
|---------|-----------------|--------------------|------------------|
| Japan | 2000-274615 | September 11, 2000 | Yes |
| Japan | 2000-367514 | December 1, 2000 | Yes |
| | | | |
| | | | |
| | | | |
| | | | |

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| APPLICATION SERIAL NO. | U.S. FILING DATE | STATUS: PATENTED, PENDING, ABANDONED |
|------------------------|------------------|--------------------------------------|
| | | |
| | | |
| | | |

And I hereby appoint Michael R. Davis, Reg. No. 25,134; Matthew M. Jacob, Reg. No. 25,154; Warren M. Check, Jr., Reg. No. 33,367; Nils Pedersen, Reg. No. 33,145; Charles R. Watts, Reg. No. 33,142; and Michael S. Huppert, Reg. No. 40,268, who together constitute the firm of WENDEROTH, LIND & PONACK, L.L.P., as well as any other attorneys and agents associated with Customer No. 000513, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

I hereby authorize the U.S. attorneys and agents named herein to accept and follow instructions from OGASAWARA PATENT OFFICE as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and myself. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by me.

| | |
|--|---|
| Direct Correspondence to Customer No:  000513 PATENT TRADEMARK OFFICE | Direct Telephone Calls to: WENDEROTH, LIND & PONACK, L.L.P. 2033 "K" Street, N. W., Suite 800 Washington, D.C. 20006 Phone: (202) 721-8200 Fax: (202) 721-8250 |
|--|---|

| | | | |
|------------------------------|---|------------------------------------|--|
| Full Name of First Inventor | FAMILY NAME HATA | FIRST GIVEN NAME Koichi | SECOND GIVEN NAME |
| Residence & Citizenship | CITY Katano | STATE OR COUNTRY Japan | COUNTRY OF CITIZENSHIP Japan |
| Post Office Address | ADDRESS 5-8-201, Myokenzaka, Katano-shi, Osaka-fu, Japan | | CITY Osaka-fu, Japan ZIP CODE 576-0021 |
| Full Name of Second Inventor | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Akihiro | SECOND GIVEN NAME |
| Residence & Citizenship | CITY Sakai | STATE OR COUNTRY Japan | COUNTRY OF CITIZENSHIP Japan |
| Post Office Address | ADDRESS 3-18-48, Mozuumemachi, Sakai-shi, Osaka-fu, Japan | | CITY Osaka-fu, Japan ZIP CODE 591-8032 |
| Full Name of Third Inventor | FAMILY NAME IMURA | FIRST GIVEN NAME Koji | SECOND GIVEN NAME |
| Residence & Citizenship | CITY Machida | STATE OR COUNTRY Japan | COUNTRY OF CITIZENSHIP Japan |
| Post Office Address | ADDRESS 4-10-19-1509, Haramachida, Machida-shi, Tokyo-to, Japan | | CITY Japan ZIP CODE 194-0013 |
| Full Name of Fourth Inventor | FAMILY NAME IDO | FIRST GIVEN NAME Daiji | SECOND GIVEN NAME |
| Residence & Citizenship | CITY Yokohama | STATE OR COUNTRY Japan | COUNTRY OF CITIZENSHIP Japan |
| Post Office Address | ADDRESS 1-14-13-104, Namiki, Kanazawa-ku, Yokohama-shi, Kanagawa-ken, Japan | | CITY Japan ZIP CODE 236-0005 |

| | | | |
|-----------------------------|-------------|------------------|---------------------------|
| Full Name of Fifth Inventor | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| Residence & Citizenship | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| Post Office Address | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |

| | | | |
|-----------------------------|-------------|------------------|---------------------------|
| Full Name of Sixth Inventor | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| Residence & Citizenship | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| Post Office Address | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |

| | | | |
|-------------------------------|-------------|------------------|---------------------------|
| Full Name of Seventh Inventor | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| Residence & Citizenship | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| Post Office Address | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |

I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor Koichi Hata Koichi HATA Date August 31, 2001
2nd Inventor Akihiro Miyazaki Akihiro MIYAZAKI Date August 31, 2001
3rd Inventor Koji Imura Koji IMURA Date August 31, 2001
4th Inventor Daiji Ido Daiji IDO Date August 31, 2001
5th Inventor _____ Date _____
6th Inventor _____ Date _____
7th Inventor _____ Date _____

The above application may be more particularly identified as follows:

U.S. Application Serial No. _____ Filing Date _____
Applicant Reference Number FP-0873 Atty Docket No. _____
Title of Invention APPARATUS AND METHOD FOR HEADER DECOMPRESSION